

Services for Prevention of Mother-to-Child Transmission (PMTCT)

Integrating contraceptive information into PMTCT services is challenging, particularly for youth.

Programs designed to prevent mother-to-child transmission (PMTCT) of HIV are usually part of antenatal care programs. These services typically include HIV counseling and testing for pregnant women and, if they test HIV-positive, provision of antiretroviral drugs to prevent transmission of HIV to the baby (called vertical transmission). Another critically important service that could be offered through PMTCT activities – but rarely is – is the provision of contraceptive information and methods. Contraception could help prevent future unintended births to HIV-infected women.

Services for the prevention of mother-to-child transmission are relatively new additions to antenatal programs, and little information exists about young women's access to, and use of, these services. Moreover, because adolescents and young women are early in their reproductive years, they are likely to want children in the future. How family planning services and messages are integrated into PMTCT services for these younger women requires particular attention. To better understand these issues, Family Health International/YouthNet conducted a study at four diverse antenatal care clinics with PMTCT programs in several regions of Kenya. Antenatal programs are relatively widespread in Kenya, and PMTCT services are growing rapidly in the country.

Methods

The YouthNet study, conducted in 2004, was designed to identify and evaluate strategies for meeting youth's HIV and reproductive health needs within PMTCT services. The study assessed:

- patterns of use of PMTCT services by adolescents (ages 15 to 19) compared to those of older youth (ages 20 to 24)
- the content of PMTCT services that adolescents received compared to older youth
- youth PMTCT clients' contraceptive experiences and fertility desires

- perceptions of fertility in the context of HIV among youth PMTCT clients and young women in the community

- factors that would influence use of PMTCT services by youth

Researchers conducted 637 interviews with clients ages 15 to 24, who were returning to antenatal clinics for at least their second visit. Researchers also held eight focus group discussions with out-of-school women ages 18 to 21 who lived near the antenatal clinics but had not necessarily used PMTCT services.

Results

This brief summarizes major findings regarding youth and the content of PMTCT services, contraceptive experiences and fertility desires, perceptions of HIV status and fertility, and factors influencing their use of PMTCT services.

The content of PMTCT services was generally the same for adolescents and older youth, according to the clients interviewed. More than 98 percent reported they had been tested for HIV during PMTCT services. Of those tested, at least 85 percent had received the test results. However, awareness of PMTCT prior to receiving PMTCT services was lower among adolescents than older youth (see figure). Adolescents were also slightly less likely to say that a provider discussed the details of the PMTCT program at a previous visit, that a provider demonstrated condom use, or that methods to prevent subsequent pregnancies were discussed.

Adolescent clients ages 15 to 19 years were much more likely to have never used a method of contraception before the current pregnancy, compared to older youth ages 20 to 24 (94 percent versus 64 percent). Most adolescents and older youth (84 percent and 90 percent, respectively) expressed the desire to use a method in the next two years, and 80 percent of adolescents and 86 percent of older youth wanted to wait

YouthNet Brief No. 12
Research Results

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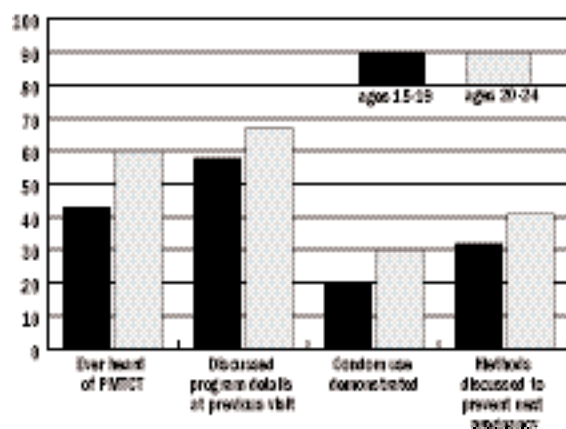
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Awareness of PMTCT and Counseling Content, by Client Age



two or more years before their next pregnancy. However, adolescents were much more likely to say they did not have information on available methods (31 percent compared to 16 percent of older youth).

Information about PMTCT services affects childbearing perceptions. Of the youth clients, 42 percent said that the number of children desired would decrease if the woman found out she was HIV-positive; 47 percent said they would stop childbearing altogether. In focus groups, young women generally confirmed these findings, although some participants felt that having at least one child was important to show that a woman was not barren.

Young women ages 18 to 21, who are potential PMTCT clients, suggested in focus group discussions that negative community reaction against people testing HIV-positive was the most common barrier to youth's using PMTCT services. Being associated with HIV testing is another problem because it implies one was or is engaging in high-risk behaviors. Also, fear of testing HIV-positive and, to a lesser extent, of partners' reactions, were cited by youth PMTCT clients and young women in the community as reasons why women of any age do not accept HIV testing or get their results.

The majority of PMTCT clients interviewed (84 percent) were very satisfied with PMTCT provider counseling. Some focus

group participants, however, described unsympathetic or rude health care providers, particularly nurses, as barriers to seeking services. In the focus groups, participants said the ideal PMTCT provider should be understanding, encouraging, kind, gentle, polite, and not harsh. Some participants desired older counselors because they were viewed as having experience and knowledge, but many preferred a counselor closer to their age. Participants were fairly evenly split on whether a male or female would be the ideal counselor.

Conclusions and Implications

- Adolescents and older youth were equally likely to get PMTCT services, although adolescents were less aware of PMTCT services and less likely to report having received counseling messages on condom and other method use.
- All youth PMTCT clients want and need more information about pregnancy prevention, and there is a clear demand for postpartum family planning.
- Because adolescents have less knowledge about PMTCT and contraceptive methods than older youth, PMTCT providers may need to tailor their messages for adolescents. Further, PMTCT providers should either offer contraceptive services or make referrals for these services in order to help prevent subsequent unintended pregnancies.
- The desire to bear children might decrease if the woman is HIV-positive. Counseling is needed to help HIV-infected women weigh the risks and benefits of future childbearing. Providers may need more training to assist clients in this area.
- Stigma was mentioned by young women in the community as one of the important barriers to being tested for HIV and getting results. More work is needed to understand the role of stigma in seeking and obtaining PMTCT services.

— Heidi W. Reynolds and Joshua Kimani

Heidi W. Reynolds and Joshua Kimani led this research study on PMTCT services. Reynolds is a scientist at FHI in North Carolina; Kimani is a senior regional research advisor at FHI in Nairobi.

YouthNet Briefs is an activity of YouthNet, a five-year program funded by the U.S. Agency for International Development to improve reproductive health and prevent HIV among young people. The YouthNet team is led by Family Health International and includes CARE USA and RTI International.